QUALITY MANAGEMENT PLAN
FY 2011-2012
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I. Introduction

A. Background and Introduction:

During the state fiscal years 2006-2007 and 2007-2008, Community Based Care of Seminole (CBCS) included the Department of Children and Families (hereafter referred to as the Department) three tiered quality assurance and improvement model as a component of the local quality management model. The first tier involved case file reviews by CBCS. CBCS utilized the Department’s approved quality assurance tool and conducted 90/10 sample size reviews on a quarterly basis. CBCS submitted semi-annual reports and an annual report to the Department at the conclusion of the second semi-annual data review. During the tier 1 process it was the responsibility of CBCS to coordinate and monitor all quality assurance activities to include ensuring the Quality Management (QM) Plan was followed, reporting data to the Department, and developing and monitoring the local program improvement plan. In tier 2, the Department’s quality assurance staff were responsible for validating tier 1 reviews and verifying that the CBCCFL approved QM plan had been appropriately implemented. Tier 3, involved the Family Safety Program Office’s responsibility for defining process and performance requirements, collecting statewide data, and reporting progress on Florida’s Program Improvement Plan to the Federal government.

In 2007, Department Secretary Bob Butterworth reviewed the State Quality Management Model and developed a collaborative initiative with community based care lead agency representatives to develop a more comprehensive model. The end result was a quality assurance model that focused on three components: front line practice, joint assurance of quality assurance activities (collaboration between community based care lead agencies and the Department), and oversight and accountability at all levels. The model was implemented in July 2008 and includes a quarterly side by side review of 8 case records (completed jointly by Department QA staff and CBCS lead agency QA staff) and a review of an additional 17 case records by lead agency staff which together comprised the quarterly QA case file scores. A report was subsequently issued semi-annually which documented the findings from the QA case file reviews and interviews with case participants from a select number of cases and annually also included stakeholder interview information.

The Department changed the sampling methodology in fiscal year 2009-2010, eliminating the stratification of populations being sampled (cases selected from a population of cases that were based on the age of the children and the length of time the case had been open). Cases randomly selected in 2009-2010 were only stratified based on in-home and out-of-home case type and controlled by ensuring that the sample selected was consistent with the percentages the lead agency had for the overall universe of cases.

In July 2011 the Department entered into Memorandum of Understandings with each CBC which requires the CBC’s to implement the Quality Service Review (QSR), an “in-depth, case-based quality review process focused on child welfare practices. The QSR examines recent results for children receiving services and their caregivers as well as the contribution made by local service providers and the system of care in producing those results.” CBCCFL is required
to complete (8) in-depth reviews quarterly, and submit an annual year report to the Department analyzing the information and presenting strategies implemented to correct areas identified as in need of improvement. A second requirement of the MOU is for CBCCFL to engage an independent evaluator to conduct an analysis of an area within the system of care that needs further examination for purposes of advancing practice.

Introduction:

Community Based Care of Seminole (CBCS) assumed responsibility for the children and families of District 7/Circuit 18 assigned to Seminole County, either through court jurisdiction or physical residence on October 4, 2004.

In October 2010 the Department selected CBCS as the lead agency for Orange & Osceola Counties (Circuit 18), and CBCS assumed full responsibility for those counties (Circuit 9) on April 1, 2011. In preparation for this expansion CBCS changed the company name to Community Based Care of Central Florida (hereafter referred to as CBCCFL) on January 3, 2011.

Mission:

It is the mission of CBCCFL that all families in Orange, Osceola and Seminole Counties are able to safely care for their children by engaging, protecting, and inspiring every child, every day.

Vision:

It is the vision of CBCCFL to be the premier child welfare organization in the United States.

Philosophy and Purpose of the Quality Management Model

Philosophy:

Community Based Care of Central Florida’s core value is a belief that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them. While the safety and well-being of children is at all times the foremost concern, we also believe that the family is the principal resource we must work with to meet the child’s needs. This value drives CBCCFL’s commitment to the continuous improvement in quality services and outcomes for children and families we serve. CBCCFL strives to promote excellence and continuous improvement through a broad based, organization wide philosophy that is endorsed by the CBCCFL Board of Directors, and is shared throughout the community: from the Community Alliances, CBCCFL, case management agencies, network providers, contract providers, and in the communities at large.

Purpose:

The purpose of the CBCCFL Quality Management System is to strengthen practice, improve the timeliness, accessibility, quality and effectiveness of services and increase natural and enduring community supports for children and families. CBCCFL seeks to identify in-process drivers and end-process measurements that align with these goals while also ensuring
substantial conformity with federal requirements of the Adoption and Safe Family Act (ASFA) and achievement of the contract performance measures set forth in the CBCCFL contracts.

The CBCCFL Quality Management Plan is designed to measure progress toward the long term priorities and goals set forth in the CBCCFL three year strategic plan. The QM plan evaluates the organizational performance of CBCCFL while assessing the quality of service delivery of our network to ensure positive client outcomes. CBCCFL believes it is essential, not only to continually provide information to our stakeholders/community, but also solicit reciprocal input and feedback from the community. CBCCFL recognizes that an informed, integrated, and participatory community affords the best opportunity to maximize resources and produce the best outcomes for children and families.

CBCCFL and the contracted providers produce data that provides quantitative, qualitative and financial cost information, (as applicable) on the:
- Demographics of the population served
- Type and units of services provided
- Services needed and service availability
- Quality and effectiveness of services delivered
- Contract performance
- Level of care needed and provided (licensed care)
- Level of services provided (In Home Non-Judicial Services, In-Home Judicial Services, Out-of-Home Care, Post Placement Supervision, Post Termination of Parental Rights and Independent Living)
- Caseload size and staff vacancy rate
- Foster home and group care capacity and utilization patterns
- Performance on quality assurance instrument reviews
- Program Performance and Compliance Indicators
- Complaints and Grievances
- Incident Reports
- Exit Interviews (licensed care)
- Stakeholder Survey results

This information is shared with the community, network providers and case management agencies for the purposes of planning (program improvement, contracting, policy and procedural changes), identifying training needs and reallocating or enhancing funding sources. The process of gathering, sharing, evaluating, and acting upon information is continuous as the needs of the population of clients receiving child welfare prevention and intervention services changes over time and because the funding for services and the availability of services changes as well. Continual evaluation of performance and other data elements provide the basis for defining quality assurance activities that both support and encourage quality improvement activities.

**Quality Management Concepts and Definitions**

**Quality Assurance (QA)** an “externally” driven system that validates internal practices and uses sound principles of evaluation to ensure that data is collected accurately, analyzed appropriately, reported, and acted upon. The QA function looks at the entire system of care.
Products of the QA function include reports that validate data at the unit, provider agency and lead agency level; evaluates the impact of practice on in-process and end-process measurements; and provides recommendations for actions to be taken.

**Quality Improvement (QI)** is an “internally” driven process that is conducted and initiated by the staff actually providing or supervising the service. QI provides opportunities for all staff to use data and make improvements in their daily work environment. QI is an ongoing process that is dynamic and occurs as a result of action planning that is designed to result in program improvement.

**Continuous Quality Improvement (CQI)** is the progression toward desired improvements in process, products or outcomes through incremental steps, with periodic review and readjustment of objectives.

**Quality Management (QM)** is the systematic integrated review of Quality Assurance and Improvement activities.

### B. PQI Structure

The CBCCFL Board of Directors and CBCCFL Senior Management believe it is imperative for leadership to promote a culture in the communities we serve that is committed to improving and expanding the quality of services available to children and families. We believe in strengthening community providers through ongoing collaboration. CBCCFL will continue to improve our community and lead agency outcomes by contracting with network providers that demonstrate high performance, and ongoing improvement towards program goals. The strategic plan developed by CBCCFL in collaboration with the CBCCFL Board of Directors, sets the strategic goals and framework to create efficiencies in service delivery and movement toward desired outcomes.

CBCCFL PQI structure is multi-tiered to ensure information exchanged throughout the CBCCFL System of Care (from stakeholders, network providers, CBCCFL organization, and CBCCFL Board of Directors) is provided in an accurate and efficient manner. The focus is on performance reporting, problem/gap identification, solution driven activities, and outcome improvements.

### Overview of the Quality Management Model: Internal Monitoring

CBCCFL Management team/CBCCFL Board of Directors

It is the role and responsibility of the CBCCFL Board of Directors and the CBCCFL Management Team to promote and sustain continuous quality improvement in order to maintain a successful organization. Making quality a priority changes the culture from one with a compliance focus to one which focuses on qualitative services, improved and sustained
outcomes. CBCCFL internal PQI processes incorporate the critical functions of utilization management, network development/support, data management and reporting, program management, quality assurance, and finance.

**CBCCFL Board:**
The CBCCFLCF Board is responsible for reviewing the effectiveness of the implementation of the strategic plan across each of the three counties (separately and collectively). The CBCCFL CEO will present information to the Board regarding recommendations from the CBCCFL Management Team, on trends, risk, and community feedback. The CBCCFL Board has an essential role in ensuring that continuous quality improvement is occurring and the strategic plan goals are being achieved. The Board’s established standing committees present reports and recommendations to the Board for appropriate action. The Board may establish special committee/task forces as needs are identified, to research and present information and recommendation for Board action.

Local Advisory Board: Each county will have a county level board/body which will include community representatives from the county they represent. Representatives from the Local Advisory Boards in each county hold membership on the CBCCFLCF “parent” Board and bring a voice to the Board to ensure that the county specific issues are represented and addressed.

CBCCFL standing Board Committees and responsibilities related to PQI are as follows:

**Executive Committee:**
This committee meets as necessary to discuss issues, coordinates the Board involvement in assessing areas of overall risk that include but are not limited to: the ability to pursue strategic goals, compliance with legal requirements including licensing and mandatory reporting laws, fiscal accountability/governance, insurance and liability issues, and contracting practices.

**Finance Committee:**
The Finance Committee is responsible for ensuring financial accountability of CBCCFL. This committee oversees the budget development, and manages the Request for Procurement process for the third party audit.

**Strategic Planning Committee:**
This committee is responsible for developing with the CBCCFL senior management the strategic plan and managing the implementation of the plan.

**Performance and Quality Improvement and Audit Committee:**
The Performance and Quality Improvement Committee creates and refines an inclusive approach to measuring performance goals, client outcomes and indicators to ensure broad based support for useful performance and outcomes measurement. This committee is also responsible for ensuring internal control and actions are taken for improvement.
**CBCCFL Management Team Meeting:**
The CBCCFL Management Team meets weekly, at least one meeting of the month focuses on the PQI action agenda. The structure of the meeting is as follow:

1) Identifies who needs to report
2) Identifies what needs to be reported (identifying the key events that are occurring, problems/issues), provides information on what the data or information means, quality assurance activities that are scheduled and who is monitoring
3) Identifies the key organizational responses
4) Seeks to answer if there are operational objectives or processes that need to change
5) Identifies how CBCCFL will monitor/track outcomes/changes
6) Establishes how information will be reported to the CBCCFL CEO/Board
7) Ensures the integration of the information with the strategic plan

The CBCCFL Management Team along with the CBCCFL CEO defines the course of actions to be taken, the timeframe to complete the identified actions, and establishes how the informational flow will be handled with the Board, CBCCFL staff, CBCCFL network providers, and stakeholders. It is the responsibility of the CBCCFL Management Team to set forth action and to evaluate the effectiveness of the actions selected.

The CBCCFL CEO delegates responsibilities to the CBCCFL Management Team to conduct QA/QI activities for specific management functions. In order to ensure all quality assurance activities/outcomes are maintained in a central location, the CBCCFL Management Team will report the specific management function QA/QI activities to the CBCCFL Quality and Training Director. It will be the responsibility of the CBCCFL Quality and Training Director to ensure that feedback is translated into results that are understandable to CBCCFL, the Board, stakeholders and network providers specific to how they are performing and the comprehensive nature of CBCCFL QA/QI activities.

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**Overview of the Quality Management Model: External Monitoring**

There are numerous opportunities to collect data and information and to examine utilization, contract compliance and case management performance throughout the CBCCFL System of Care. The CBCCFL QM Model takes advantage of these opportunities during routine events/processes that happen during the life of a case: at case assignment, case plan development, supervisor review, reunification staffings, Level of Care Reviews and Family Service Team Staffings. The CBCCFL QM Model allows for immediate feedback to be given to the case manager, requires coordination and cooperation among the parties and providers involved in a case, and results in a more individualized course of action which thereby imposes a greater likelihood that outcomes will be achieved more timely. The immediate feedback also allows for critical life, health, or safety factors that may affect a child to be addressed and corrected in a timely manner. By involving everyone from the case manager, supervisor, program director, and provider to CBCCFL leadership in the daily activities of QM it ensures that all staff are engaged in the process of examining feedback and data and are making improvements. It allows for the early detection of performance deficiencies as well as promotes promising practice.
CBCCFL has program operational staff in each county specifically assigned to program oversight, and quality management staff specifically assigned to coordinate/conduct quality management functions. The staff person with the lead role of administering the plan is titled the Quality and Training Director. The CBCCFL **Quality/Training Director (QTD)** has the primary responsibility for execution of the quality management plan submitted by CBCCFL and accepted by the Department's Central Region Quality Assurance Office. The QTD provides coordination and oversight of all QM required activities and ensures all appropriate information is relayed to the Department’s QA staff on CBCCFL performance on QSR reviews. The QTD is also responsible for maintaining and updating the CBCCFL Program Improvement Plans and providing this information to the CEO, Chief Operational Officer, CBCCFL Network Support Director, and County Directors for reporting to the CBCCFL Board/Local Advisory Boards and stakeholders. The Quality Management Plan provides the framework to evaluate system performance and compliance with local CBCCFL processes/protocols, the System of Care, Florida Administrative Code, Florida Statutes, and the Adoption Safe Family Act.

The QTD is responsible for implementing the Quality Management Plan and ensuring the following objectives are met:

- The QA plan is efficient operationally;
- The QA plan is continuous, and
- The QA plan is coordinated with case management’s agency level QA processes and instruments, and
- that the data gathered is reliable and can be extracted at appropriate intervals to guide adjustments in practice that will influence desired outcomes

The Quality/Training Director is responsible for coordinating quality assurance activities as well as reviewing and analyzing all program initiatives for potential impact on quality assurance outcomes. The QTD makes recommendations for changes or modifications in practice and for updating/amending the QM plan when the Department or CBCCFL’s Operating Procedures, Florida Administrative Code or Florida Statutes change.

**Description of Specific QM Activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Method</th>
<th>Frequency</th>
<th>Responsible Party</th>
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<tbody>
<tr>
<td>Oversight of key processes</td>
<td>Attend ESI and chair FST/LOC staffings, Licensed Care Audits, ARC, Separated Sibling, Adoption Audit</td>
<td>ESI: 2x weekly FST: weekly Shelter Audit: monthly Adoption Audit: monthly</td>
<td>CMA Program Director; CBCCFL County Director/County Program Staff (Permanency Specialist, Adoption/IL).</td>
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<tr>
<td>Key document and chronological review</td>
<td>Daily review of incoming reports, court orders and client/provider contact notes</td>
<td>Daily</td>
<td>Case Management Agency Supervisor</td>
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<td>Placement Stabilization Staffings</td>
<td>Staffing of all children in which a 30-day notice has been executed or when the CPA identifies that the placement is at risk of disrupting</td>
<td>ASAP</td>
<td>I&amp;P Unit arrange and CBCCFL Licensing Manager leads staffing. GAL, CBCCFL UM, CBCCFL Program Staff, CMA DCM/DCMS, CPA or CPA therapist as appropriate</td>
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<td><strong>Supervisor Reviews</strong></td>
<td>Case file review and one on one staff conferences. Supervisors will use the &quot;Mentoring and Modeling Quality&quot; A Discussion Guide for Case Management as a guide.</td>
<td>Monthly on-going supervision and full in depth supervision prior to any FST, case plan conference or court hearing</td>
<td>Case Management Agency Supervisor</td>
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<tr>
<td><strong>Supervisor Unit Meetings</strong></td>
<td>Discussion of unit best practices, review of OP and performance are discussed with unit staff.</td>
<td>Monthly</td>
<td>Case Management Agency Supervisor</td>
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<tr>
<td><strong>Program Director review of Supervisor Reviews</strong></td>
<td>Three cases from each unit supervisor are randomly selected and reviewed to ensure that the supervisor is providing accurate and quality supervision.</td>
<td>Quarterly</td>
<td>Case Management Agency Program Director</td>
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<tr>
<td><strong>Indepth Quality Service Reviews</strong></td>
<td>Includes 8 in-depth case file reviews on open cases, one case is selected for each case management agency in each county.</td>
<td>Continuous/reported to the Department at intervals as requested by the Department.</td>
<td>CBCCLQ TD and CBCCL QAMs; CMA QA staff will be advised and may participate as a co-reviewer.</td>
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<tr>
<td><strong>Contract Monitoring</strong></td>
<td>File review, client satisfaction survey, interview of staff</td>
<td>Frequency determined by CBCCL Network Support Director in accordance with risk.</td>
<td>CBCCL Network Support Director coordinates the administrative and programmatic components of the monitoring; when possible they are further coordinated with the data collected by the QTD and Director of Utilization Management.</td>
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<tr>
<td><strong>Data Tracking and Reporting</strong></td>
<td>FSFN FIRST Team data reports, provider reports, aggregate information from staffings</td>
<td>Daily, Weekly, Monthly, Quarterly</td>
<td>CBCCL staff, FIRST Team</td>
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<td><strong>Critical Case Reviews</strong></td>
<td>Incident reports are monitored by the QAM in each County, cases are identified for review when children have been seriously injured, while the case is open to services.</td>
<td>As needed.</td>
<td>CBC QAM will coordinate with the Department and CMA in conducting the review.</td>
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<tr>
<td><strong>CBCCL Performance Management Team Reports</strong></td>
<td>Maintenance of data indicators and information on programmatic, financial and utilization measurements</td>
<td>Quarterly</td>
<td>CBCCL CEO, CBCCL QTD, CBCCL NSD, CBCCL UM, CBCCL DOA</td>
</tr>
<tr>
<td><strong>Quality Team Meetings</strong></td>
<td>Best Practices and Areas</td>
<td>Bi-Monthly</td>
<td>CMA Lead/CBCCL QAM or</td>
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The Core Components of the Quality Management System are summarized below.

**Utilization Management**

Utilization management is designed to ensure that the service requested is the most appropriate service available for the child and family. Utilization management ensures the availability of services throughout the fiscal year by tracking expenditures and the rate of resource depletion and availability. Information gathered from utilization review (service use) provides a foundation for determining the amount and type of services needed for the next contract year. Services that are denied due to priority for funding or for insufficient provider capacity will also be monitored as they may indicate a need to enhance the capacity for those services.

The authority and responsibility to authorize a funded service rests with the CBCCFL Utilization Management staff and CMA Program Directors. The authorization process varies depending on how the service need is identified.

All authorizations for service are tracked by the CBCCFL Director of Utilization Management to ensure funds are appropriately obligated and disbursed. All service approvals are tracked in ARGOS. Licensed out of home placements are tracked in ARGOS, ICWSIS (until it is turned off and SACWIS/FSFN 2B assumes this functionality for financial data collection & reporting) and FSFN. The CBCCFL Network Support Director matches contracted provider invoices to authorizations prior to submitting the invoice to the CBCCFL Controller for payment. The Director of Administration and Chief Financial Officer verifies the ICWSIS (until it is turned off and SACWIS/FSFN 2B assumes this functionality and the batch will be from FSFN) batch runs and authorizes accounting to pay the vendors.

Utilization management is integrated into every major CBCCFL process. Case management staff utilizes an all in one funding request form to quickly access service authorization for the children and families on their case load. Out of county and placements that require funding above the standard CBCCFL board rate require approval from the CBCCFL Utilization Manager.
prior to authorization. At the ESI staffing, the CMA Program Director reviews the services and safety plan developed by the CPI. The dependency case management supervisor reviews the appropriateness and effectiveness of services being delivered during monthly case supervision with the dependency case managers. Case plan progress and permanency goals are reviewed regularly (a minimum of every 90 days) at the FST led by a CBCCFL Program Management staff or CBCCFL County Director. The appropriateness and effectiveness of services are also reviewed as part of the Multi-Disciplinary Team or Level of Care Staffing and during First Health’s monthly review of SIPP.

**Federal Funding Quality Management Activities**

**Procedures are current and accurate**

The Data Center team participates in the Department’s conference calls and the Department’s Region Meetings specific to federal funding and FSFN to ensure compliance with federal guidelines and requirements. As changes occur, the process and procedures utilized are reviewed for compliance and adjusted accordingly.

Data integrity and validation activities are completed daily, weekly and monthly by the Data Unit. FSFN and proprietary reports are used to evaluate eligibility data and identify potential errors in a case.

**Physical Case File and Electronic Case File Review:**

**Initial reviews: TANF & IVE Waiver**

When a child initially enters the CBCCFL system of care, the case status is evaluated to determine which federal funding guidelines will be used to determine case eligibility.

For children who enter the CBCCFL system of care with an In-Home Voluntary Services or In-Home Judicial Services case status the TANF guidelines apply and the following process occurs:

- The PI (Protective Investigator) or DCM (Dependency Case Manager) completes a TANF form within FSFN and submits the form to CBCCFL in the ESI packet.
- FSFN is reviewed for TANF accuracy/completeness.
- The TANF form is filed in the CBCCFL official case file for future reference.
- If the TANF form was not completed in FSFN or received at ESI, or the eligibility code was entered incorrectly into FSFN the error will be captured in FSFN Eligibility Reports. The reports are reviewed weekly by the Director of Administration and appropriate actions are taken to resolve the error.

For children who enter the CBCCFL system of care with a Foster Care (Licensed Out of Home Care placement) case status the IV-E Waiver and Child In Care Medicaid guidelines apply and the following process occurs:

- The Data Center designee (Information and Eligibility Specialist / IES) identifies the new case / child through FSFN and ARGOS reports.
- The Title IV-E Foster Care Initial Checklist is completed, the supporting documentation is obtained and a Medicaid Application is completed in FSFN.
- The Title IV-E Foster Care Initial Checklist packet and Medicaid Application is filed in the case file.
• The designated Data Center staff will make appropriate data entry into FSFN, ICWSIS (until it is replaced by SACWIS/FSFN 2B) and ARGOS.
• If the eligibility was not entered or the eligibility was entered incorrectly into FSFN the error will be captured in the FSFN Eligibility Reports. The reports are reviewed weekly by the Director of Administration or Information and Eligibility Manager and appropriate actions are taken to resolve the error.

**Annual Reviews: TANF**
When a child’s case has been open for 12 months a re-determination of their TANF eligibility should be completed.

For children who are active in the CBCCFL system of care with In-Home Non-Judicial Services or In-Home Judicial Services case status the TANF guidelines apply and the following process occurs:
• A case is identified as requiring a re-determination using the following reports: FSFN Eligibility Types Report and the TANF Eligibility Renewal Report.
• A TANF form is completed in FSFN by an Information & Eligibility Specialist.
• If the TANF form was not received, if the eligibility was not entered or if the eligibility was entered incorrectly into FSFN the error will be captured in the FSFN Eligibility Reports. The reports are reviewed weekly by the Director of Administration and appropriate actions are taken to resolve the error.

**Interim reviews**
As a child’s case progresses through the CBCCFL system of care there are many changes that occur including changes to a child’s placement and the case status.
• When a change occurs it is tracked through ARGOS and a Modified Placements Report is generated.
• The Modified Placements Report is reviewed daily. The changes on this report are entered into FSFN and ICWSIS (until it is replaced by SACWIS/FSFN 2B) and the eligibility in these data systems are reviewed and updated.
  o When applicable a CIC Eligibility and Communication Form is completed in FSFN by an Information & Eligibility Specialist and is submitted through FSFN to ESS CIC / Florida.
  o Once the Notice of Case Action is received back from ESS CIC, FSFN is reviewed for accuracy and the CIC Eligibility and Communication Form as well as the NOCA is filed in the Case file.
• If the eligibility code was not entered or if the eligibility code was entered incorrectly into FSFN the error will be captured in the FSFN Eligibility Reports or if the eligibility was not received from CIC over 30 days the information will be identified by the Information & Eligibility Specialist by using the eligibility tracking spreadsheet. The reports are reviewed monthly by the Director of Administration and appropriate actions are taken to resolve the error.

**Data Integrity and Management**
Data integrity is critical to the effective operation of a system from contractual, financial, and resource management perspectives.
The data extracted from FSFN/ARGOS is used to alert the Region Office staff on the success or failure of CBCCFL to achieve contractually required outcome performance requirements. FSFN/ARGOS data also provide “the status” of the current situation to CBCCFL Management. FSFN/ARGOS provide a mechanism to quickly access information from the number of children in a particular living arrangement or legal status to stratification by length of time in care at the CBCCFL lead agency level, county level down to the case manager level. The use of data enables management to evaluate if a situation/problem is systemic or isolated to an agency, unit or case manager. Corrective action plans and performance improvement plans are developed based on data that has been analyzed and are monitored by using data points.

Data should have integrity between systems. Information entered in FSFN should be consistent with information in ICWSIS & ARGOS. Information from ICWSIS should match invoices received from vendors and utilization information tracked by the CBCCFL Director of Utilization. Reports from ARGOS (maintained by the Intake and Placement Agency) regarding the out-of-home care census population should be consistent with both the information in FSFN and the information in ICWSIS.

Data is managed by ensuring the consistency of information between systems and by limiting the persons inputting placement location and type, removal, and eligibility information to a few well trained staff. The Dependency Case Management Supervisor will be responsible for reviewing and verifying the accuracy of information in FSFN during their monthly review of the case management file.

Data validation continues to be a focus during many staffing processes. During the Out of Home Licensed Care Audits (aka Shelter Audits) the CMA Program Director reviews FSFN data and the Intake and Placement Provider compares data from ARGOS. The CBCCFL County Director and CMA Program Director ensure that discrepancies in data are immediately corrected through communication with the CBCCFL Director of Administration.

**Contract Performance Measures**

At the time of the initial transition (2004) CBCCFL identified and began tracking numerous data elements that have continued to be analyzed and reviewed to determine how the CBCCFL System of Care, as it is implemented, affects performance; the sensitivity of data points specific to a system change; and the residual affect of a change in one data point on other data points.

The current contract performance indicators established by the Department include:

<table>
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<th>Performance Measures FY 11-12</th>
<th>Orange/ Osc</th>
<th>Seminole</th>
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<tr>
<td>The percentage of children served in out-of-home care who are not maltreated by their out-of-home caregiver shall be at least ___ percent.</td>
<td>TBD</td>
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<tr>
<td>No more than ___% of children are removed within 12 months of prior reunification. <strong>Re-Entry Into Out of Home Care (FS302)</strong></td>
<td>TBD</td>
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<td>* The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least ___. <strong>Time to Reunify (FS301)</strong></td>
<td>TBD</td>
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<tr>
<td>* The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least ___. <strong>Time to Adopt (FS303)</strong></td>
<td>TBD</td>
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<tr>
<td>The Provider will complete adoptions. <strong>(FS304)</strong></td>
<td>TBD</td>
<td></td>
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<tr>
<td>The percentage of children under supervision who are required to be seen every 30 days shall be seen be at least ___ %.</td>
<td>TBD</td>
<td></td>
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<td>The percentage of children in out of home care 24 months or longer on July 1 who achieved permanency prior to 18th birthday and by June 30 shall be at least ___ %.</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>The percentage of children in out-of-home care for at least eight days, but less than 12 months, who had two or fewer placement settings shall be at least ___ %.</td>
<td>TBD</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Proposed Independent Living Measures</strong></th>
<th><strong>Orange/ Osceola</strong></th>
<th><strong>Seminole</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of youth who have aged out of care completing high school or GED by 20 years of age.</td>
<td>Baseline</td>
<td>Baseline</td>
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<tr>
<td>% of youth who have completed high school or GED and are involved in post secondary education.</td>
<td>Baseline</td>
<td>Baseline</td>
</tr>
<tr>
<td>% of youth ages 18 and over receiving Independent Living services who have a job (including joining the military).</td>
<td>Baseline</td>
<td>Baseline</td>
</tr>
<tr>
<td>% of young adults in safe housing</td>
<td>Baseline</td>
<td>Baseline</td>
</tr>
<tr>
<td>% of 17-year – old youth in licensed out of home care who had a transition plan signed by the youth and filed with the court.</td>
<td>Baseline</td>
<td>Baseline</td>
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</table>

Most contract measurements can be extracted from FSFN through data reports. CBCCFL monitors the Department’s Dashboard and the ILF/FS to obtain information as available about
CBCCFL Quality Management Plan 2011-2012

performance measures. CBCCFL also uses a CHS proprietary system, ARGOS, which produces performance reports. CBCCFL agrees that the measurements are valid and important indicators of a child welfare system and that CBCCFL should strive to achieve a higher level of performance each year. In a child welfare agency there are many outside influences that have some level of impact on process and that may ultimately influence an outcome. The influence may be positive or conversely negative. Our focus will be on partnering and championing changes necessary for system improvement.

The Department’s staff, the current dependency case management staff and providers acknowledge that other entities have significant influence on the achievement of performance goals. Several barriers identified that have a negative impact on the achievement of performance include: the parents (who may not be invested in change or may not be engaged in the process), CLS (may not file documents timely, may request continuances), the judiciary (docket may not allow for an abbreviated schedule for dependency hearings for example: it may take 3 weeks to get a hearing date scheduled for an Arraignment Hearing after CLS files a non-shelter Dependency Petition), and relatives (that have agreed to adopting the child) may not feel any urgency about obtaining the required paperwork and completing the activities necessary to convert the relative placement home to an adoptive home because they do not have an urgency, as child is already in their home.

CBCCFL continues to determine processes that are impacted negatively by external factors and addresses the issue with those parties. It is CBCCFL belief that the parties involved are not aware of their influence on an outcome and are willing to make the necessary modifications or accept additional responsibilities in the system of care so that outcomes are achieved.

The CBCCFL monthly data report is provided monthly to internal and external stakeholders, the CBCCFL Board, the Community Alliances and Services Sub-Committee members. Information on results of quality assurance reviews is shared in a similar manner. The information provided in the monthly report is frequently discussed, and ideas for improvement or additional service needs are prioritized. A System Collaboration/CBCCFL County and Case Management Agency Program Director meeting is held every month and representatives from CLS, CMA Program Directors, and CBCCFL Operations and QA staff, are invited to discuss barriers to performance and develop strategies to address them.

Program Improvement Plan
CBCCFL works with circuit/region Department staff to ensure that the CBCCFL Program Improvement Plan is consistent with circuit/region and statewide priorities. Performance outcome measures set forth in the Program Improvement Plan are tracked and reported in the monthly CBCCFL/CMA Program Director meeting. The Program Improvement Plan is updated quarterly and findings from any reviews conducted are incorporated into the Program Improvement Plan to track improvement from quarter to quarter.

Staff and Provider Training
CBCCFL assigns a specific staff (CBCCFL Training Manager) to oversee the CBCCFL System of Care Training Plan, as well as to manage quarterly training committee meetings focused on identifying the training needs of case management staff/system of care. Invitations to attend
training are extended to each counties Network or Stakeholder partners, including the SCSO Child Protective Services Staff Trainer and the Department’s vendor for training of Child Protective Investigators.

Pre-Service Training
The DCF-mandated integrated pre-service curriculum is currently used. This training features approximately 8 days of training on the SACWIS system (FSFN) and provides a comprehensive basis for child protection work, including laws, types of maltreatments, removal and placement, interviewing families, assessment, case planning, special placements, and adoptions. The curriculum can be downloaded from www.cwta.fmhi.usf.edu

There are two Casework Practice Sessions incorporated into Pre-Service Training. The first one is built into Removal and Placement. Utilizing cases that have been identified as being assigned following training to the trainee, court documents are reviewed in a small group setting. This process allows for the review of actual orders and petitions. The second session follows Case Planning and again actual cases are utilized to identify case plan compliance through a review of the documentation contained in the record.

To get an idea of the responsibilities that Dependency Case Managers assume on a daily basis, Community Based Care of Central Florida requires new hires to complete shadowing activities during pre-service training. This is a structured component of pre-service that is referred to as the Scavenger Hunt.

Following Pre-Service Training, there are three mandatory small group training sessions. The purpose of these is to aid in the transfer of learning from the classroom to the field. The first session focuses on the development of a field book and to reinforce specific timeframes for CBCCFL. The second session focuses on time management skills and local resources. The final session covers the Field Based Performance Assessment (FBPA) requirements.

In-Service Training
In-service training is offered on at least a weekly basis in the form of Lunch and Learn sessions on relevant topics. Providers are scheduled to present their programs, local policies and protocols are discussed. The Lunch and Learn menu has over eighty topics and is constantly being amended to address the needs of staff, either identified by direct line-staff, their supervisors/manager or CBCCFL Management. Lunch and Learns are an effective strategy of training delivery as it does not interfere with the “work day.” All of our subcontracted case management agencies are accredited and therefore have additional in-service training requirements. Some in-service training sessions are also offered that are longer in length, i.e. Motivational Interviewing and Legislative Updates, and Family Team Conferencing.

Foster Parent/Adoptive Parent Training
CBCCFL contracts with Child Placing Agencies (CPA) to provide foster care parent licensure, retention, and support. CBCCFL employs Foster Parent Trainer (assigned to each county) to provide the PRIDE training to prospective adoptive/foster parents. This curriculum is mandated by Chapters 65C-13 and 65C-16 of the Florida Administrative Code (F.A.C.),
respectively. CBCCFL contracts with the CPA's to provide the foster parent retention and support services; and requires the CPA to ensure that each licensed foster parent receives not less than twelve (12) hours of in-service training per year; as well as training in the recognition of indicators and reporting procedures for child abuse and neglect as well as behavior management.

**Staff Development**

Supervisors are responsible for developing a training/development plan as part of the performance assessment for employees after certification in protective services. The CBCCFL Trainers and/or CBCCFL Quality Assurance staff deliver enhanced training to mentor and supervisory staff.

The CBCCFL Trainers, in addition to providing the core Child Welfare Training Curriculum also provides Lunch and Learn training topics several times a month to case managers, supervisors, program directors and the provider community. Often, community providers or the Department's staff are requested to supplement the training on specific topics of expertise (i.e.: Child Welfare Services on Court Preparation and Permanency Options; Central Office on Interstate Compact for Placement of Children).

**Oversight of the ESI and FST Staffings**

The CPI can access an ESI staffing at any juncture in their involvement with a family, when their assessment concludes that the risk to the child requires the ongoing supervision of a formal support system, or the involvement of the judiciary to protect the child. ESI staffings are scheduled by calling the I & P Unit. The I & P Unit determines the most appropriate unit assignment of a case based on characteristics of the case identified in a basic intake screening. All things being equal, cases will be assigned by the CMA Program Director on a rotational system (in consideration of the number of dependency case managers that are available to receive cases/funded by contract to each case management agency). The I & P Unit advises the PI of the staffing date and time and forwards by email notification to the CMA Program Director (CMA PD), and any open providers that are involved with a family or whose services we plan to engage (specifically the Women's Intervention Specialist, Domestic Violence Advocate, Healthy Start Nurse, Children's Medical Services, Child Protection Team Case Coordinator or Child Advocate, and Crisis Response Staff).

Inviting partners to the ESI that will be involved in a case creates an environment for information to be shared reciprocally, provides for better planning of services, identifies who the people are that will be working with the family and what role and responsibilities they will have. At the conclusion of the staffing the negotiated services and responsibilities are written on the ESI form and a process for continuing to share information determined. Generally, the DCM has case management responsibility and is the lead on filtering information, as appropriate, to the service providers involved with the family.

In the CBCCFL System of Care the Case Management Agency Program Director chairs the ESI. The primary reason for assigning this responsibility to the CMAPD is to provide utilization and quality oversight in the process. The CMAPD has a primary responsibility of ensuring that the service level requested is appropriate (are the risks and the current and future safety of child
clearly identified and do they match the proposed service level), if a safety plan is in place is it appropriate, and if one is not in place is one needed? The CMAPD can authorize services needed that may result in timely decision making regarding the services a child needs, preventing removal or speeding reunification. The CMAPD can assist the PI with determining if expedited TPR should be considered and assisting the DCMS with identifying cases where concurrent case planning should be utilized. The signature of the CMAPD on the ESI form qualifies as their approval of the appropriateness of the level of intervention, the safety plan and of the preliminary service plan.

“Family Service Teams” (FST) are individuals who meet regularly (at a minimum of every 90 days) for the purpose of coordinating services to the family, discussing case plan progress and evaluating the appropriateness of the identified permanency goal and placement setting if the child is in out-of-home care. The team includes the family, caregiver of child, case manager, dependency case management supervisor, service providers engaged with child or family, Guardian ad Litem, Child Legal Services, attorney for parents, CBCCFL Permanency Specialist/Program Staff or County Director; and any other party the family identifies as a support to them. The FST’s are required to be convened in all cases where the child is in an out-of-home placement setting and continues to be convened until the child is returned home, an adoption finalization occurs, or the child reaches the age of majority, whichever occurs first.

Authorizations for service are recommended or approved at these staffings, decisions are made about placements (level of care), service delivery is coordinated, case plan progress and the continued appropriateness of the permanency goal and placement of child is reviewed.

Specifically, the team determines:

- The need for continued custody of the child;
- The need for continued placement of the child;
- The appropriateness of the child’s current placement;
- If reunification is the plan, the extent of progress made by the parents toward improving the conditions that caused the child to be removed;
- The barriers or safety issues that prevent reunification from being achieved;
- The services that have been provided to help the family achieve the goals identified in the case plan;
- The services that are still needed to help the family achieve the goals identified in the case plan;
- The extent of compliance with the case plan;
- The most appropriate permanent plan for the child and how to achieve the plan;
- The most appropriate alternative permanent plan for the child; and/or
- The expected date by which the permanent plan will be achieved.

Formats for the initial and subsequent FST’s are outlined below. Sometimes FST’s are convened to address something specific in a case that potentially has a significant impact on the capacity to achieve the permanency goal or involves service delivery that must be coordinated to ensure child well-being or safety. Situations that might necessitate this might include: discussion of a higher level of care for child; a motion for reunification has been made
and a coordinated response to the motion needs to be determined and a plan for child’s safety crafted if child is reunified against case management recommendation. Case managers will be required to provide information to the CBCCFL operational staff chairing the staffing that all parties including parents, child if age appropriate and caregivers were invited to attend the staffing, if unable to attend the case manager will get a statement as to their perception of case progression, additional needs or concerns.

**Supervisor Review**

All mail (courier, US Postal etc) is delivered to case management through the CBCCFL Support Unit/Case Management Agency Administrative support to be date stamped and routed to the appropriate parties. Court orders, provider progress reports, psychological assessment, comprehensive behavior health assessments, etc are sent to the case manager through the supervisor. The supervisor is required to review the information, initial the bottom right corner of the document and forward the document to the case manager with instruction within 24 hours. Case manager chronological/visit sheets will be reviewed no less often than monthly during case supervision meetings between the case manager and the supervisor. Supervisors are encouraged to review contacts daily with new staff and as the supervisor determines that a case manager has progressed, is making effective and appropriate decisions with a high level of frequency, this level of oversight of the case chronological can be reduced.

Frequent reviews between the case manager and supervisor provides the case manager an opportunity to initiate necessary actions to correct a situation before a larger problem results, it also provides the case manager with reassurance as they build increasing competence, and results in more sound decision making that impacts everything from child safety to achievement of permanency.

A formalized case review between the case manager and supervisor occurs each month. The review includes a discussion of each case, a review of the permanency goal and progress of the family, and a verification that the data entered in FSFN continues to be accurate. The supervisor enters the review in FSFN and uses the “Mentoring and Modeling Quality” guide. The entry will include the identification of the risk level, continued appropriateness of a safety plan if one exists, and specific instruction regarding the level of visits that are required to ensure safety and achieve the permanency goal established for the case as documented on the case plan. Prior to attendance at a Family Service Team staffing, court proceeding, case plan conference, and filing of the judicial review social study report the supervisor will review each case using the supervisory discussion information as a guide.

At a minimum these supervisory reviews will include a review of the following information:

- family assessment (ensuring it is updated as needed),
- the most recent Family Service Team staffing form,
- the family’s progress in meeting the current case plan goals,
- strengths/barriers in achieving the goal,
- valid (not expired case plan) with correct permanency goal
- the frequency and types of contact the case manager is having with the family to include engagement activities (including the child, both parents and the caregiver),
- sibling and parent visitation
• identification of relatives or other connections for the child
• CBHA recommendations
• Child wellbeing needs (physical, dental, and school needs)
• Assessments of risk and safety
• Legal status of the case
• Ensure appropriate follow up to previous case directives occurred

During supervisor reviews the supervisor provides feedback and directions to case managers that result in cases moving toward permanency, to include reviewing past directives to ensure they have been completed. Supervisors are required to use the initial supervisory tool which addresses early family engagement/contact. The supervisor should provide suggestions to the case manager regarding case plan tasks to discuss with the family; as well as ensuring that the case manager completes in depth family assessments and that all participants had a voice in the family assessment. All supervisory reviews are entered in FSFN and quality of supervisor reviews are monitored during quarterly file reviews.

At least once per month the supervisor holds a unit meeting. The meeting covers best practices, policy and operation updates, information on how well the unit is performing; the unit's performance compared to other similar units, and how well the unit is performing overall compared to the contract performance indicators. CBCCFL program operations/quality management staff are available to attend unit meetings at the request of the unit supervisor/program director and can assist with leading a discussion regarding the current trends present observed in the unit. This allows the CBCCFL operational staff to help target training issues for the unit and provide one-on-one technical assistance as needed. Incremental goals will be set around indicators that need improvement, committed to by staff through consensus building, and progress reviewed at each staff meeting. At every opportunity the supervisor will pair case managers that have different skill sets and encourage staff to continue to learn and grow professionally. The supervisor (or mentor) will set time each month to attend court hearings and complete home visits with probationary staff. Informally the supervisor will seek information from families and providers on staff performance. The DCMS is as much accountable for the development of their staff as they are for their daily supervision.

The CMA Program Director will randomly select three case records quarterly from each unit to review and will use the Case Management Supervisory tool as a guide to complete the review. The CMA PD will include information in their review as to the appropriateness of DCMS case directives given to the case manager. The CMA Program Director will assess the quality and appropriateness of the direction provided and review the data entered in FSFN to verify accuracy. If there are any concerns about the quality of the supervisor review the CMA Program Director will discuss the case with the supervisor within the constructs of child safety, well-being and permanency. The CMA Program Director will forward a copy of the documentation of the supervisor review to the QA Manager (assigned to the county) prior to the end of the quarterly reporting period to document compliance with this Quality Management Plan requirement.
The CMA Program Director is as much responsible for the development of the unit supervisor, as the unit supervisor is to the case manager. The development of both is critical to the overall improvement of the organization. CBCCFL will encourage the CMAPD’s to develop training plans for each supervisor under their authority. The training plan should be negotiated with the supervisor. The CMA Program Director will ensure that the supervisor has time committed to completing the training plan, and will review the training plan at least semi-annually to assess the status of completion. Similarly, the supervisor will negotiate a training plan with each case manager under their authority. The CMA Program Director will maintain a copy of all training plans of staff on the units they are responsible for. Training plans must be updated annually, preferably at the time of the annual staff performance review. Copies of all training plans should be shared with the CBCCFL Trainer who will review for overall themes and incorporate case management training priorities in the CBCCFL Training Plan.

**QSR QA Model**

All CBCCFL quality assurance unit staff: County Quality Assurance Managers, Quality and Training Director and Accreditation Manager were trained on the QSR process in September 2011. In addition, many of the case management agency quality assurance staff also participated in this training. The QSR process includes a case management file review, scheduling and interviewing all participants involved in the case (parents, focus child, Guardian Ad Litem, Department Attorney, case manager/supervisor, provider staff, caregiver and teacher/daycare staff). Following the completion of the interviews an exit is held with the case management provider and the case scored for both system and practice components. The in-depth review process involves approximately 32 staff hours per the two reviewers per case over a 5-10 day period based on interview participant schedules. Results from the scoring tool are entered into the web-portal for viewing by Department staff, and shared with CBCCFL Management Team. During the first quarter CBCCFL utilized the QSR process and completed 7 in-depth reviews, the reviews were completed by the Accreditation Manager and Quality and Training Director. For the 2nd and 3rd quarter reviews the Accreditation Manager and Quality and Training Director will team with the QAMs and CMA QA staff to completed the reviews; and in the 4th quarter the QAM assigned to the county will lead the review with a CMA QA partner or the Accreditation Manager or Quality and Training Director.

CBCCFL conducts any specialized review requested by the Department to include Executive Management and Region discretionary reviews. If the specialized review is initiated by the Department, CBCCFL requests that the Department provide reasonable notice, and identify the scope and purpose of the review. CBCCFL will accommodate for the review by cooperating with venue, arranging for any CBCCFL case files to be transported to the site where the review will occur; and for their return. When the review involves CBCCFL case records, CBCCFL will assign qualified QA reviewers to the review project. If the Department requests that CBCCFL conduct a specialized review and provide the results, the CBCCFL Q/T Director will work with the Department’s Lead to review the required tool and review parameters. The CBCCFL Q/T Director will then select a review team, qualifications will be based on the specifics of review. The CBCCFL Q/T Director will provide oversight of the review and the coordination of the review results. When CBCCFL (Chief Executive Officer, Network Support Director or County Director) identifies the need for a specialized review, the Q/T Director will take the lead on setting up the review and conducting the review within the parameters agreed upon. Peer
reviewers will be solicited to assist in specialized/targeted reviews, as generally these are determined necessary when there is a need to collect information quickly for purposes of taking necessary actions to address a significant discovered deficiency. If the case management agency program directors request a specialized review the CBCCFL Q/T Director will review the request and determine if CBCCFL (corporate program staff) will conduct or participate in the review.

During any of the review processes if a reviewer identifies that there is a critical life, health, or safety threat to the child a communication form/request for action (RFA) will be immediately brought to the attention of the assigned case management agency program director to handle. This critical issue will be documented on a communication form for tracking purposes. The case management agency program director will provide the reviewer with documentation of completion or status of completion within 24 hours.

**Case Review Sample Selection**
The sample for the quarterly reviews is determined by the Department of Children and Families and includes 8 cases a quarter. The sample of cases are randomly selected within a population of in-home and out-of-home cases with the only control imposed within the sample is that the sample be representative of the distribution of cases within the in-home and out-of-home care populations. CBCCFL will identify one case per agency per county (7) and identify (1) additional case through rotational system, from the extracts identified by the Department.

**The QSR Evaluation Tool**
The QSR qualitatively assesses two broad domains, family status and system performance/case work practice. Within the primary categories there are specific qualitative indicators that are evaluated to include:

<table>
<thead>
<tr>
<th>Child and Parent Status Indicators</th>
<th>Practice Performance Indicators</th>
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<tbody>
<tr>
<td>Safety from Exposure to Threats of Harm</td>
<td>Engagement Efforts</td>
</tr>
<tr>
<td>Child Vulnerability</td>
<td>Voice and Choice</td>
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<tr>
<td>Stability</td>
<td>Teaming</td>
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<tr>
<td>Living Arrangement</td>
<td>Assessing and Understanding</td>
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<tr>
<td>Permanency</td>
<td>Planning for Safe Case Closure</td>
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<tr>
<td>Physical and Dental Health</td>
<td>Planning Transitions and Life Adjustments</td>
</tr>
<tr>
<td>Emotional Well-being</td>
<td>Implementation</td>
</tr>
<tr>
<td>Early Learning and Development</td>
<td>Maintaining Quality Connections</td>
</tr>
<tr>
<td>Academic Status</td>
<td>Evaluating and Adjusting</td>
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<tr>
<td>Pathway to Independence</td>
<td>Psychotropic Medication Management</td>
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<tr>
<td>Parenting and Caregiver Functioning</td>
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Status indicators measure the extent to which certain desired conditions are present in the life of the child and the child’s parents and/or caregivers within a recent time frame. Status indicators measure constructs related to well being and functioning. Practice indicators measure the extent to which core practice functions are applied successfully by practitioners and others who serve as member of the child and family team. (Quality Services Review Protocol for a Child and Family/Manual June 2011).

**Review Schedule:**
In-Depth Reviews: Completed Quarterly

<table>
<thead>
<tr>
<th>Q1</th>
<th>7/1/2011-9/30/2011</th>
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<tbody>
<tr>
<td>Q2</td>
<td>10/1/2011-12/31/2011</td>
</tr>
<tr>
<td>Q3</td>
<td>1/1/2012-3/31/2011</td>
</tr>
<tr>
<td>Q4</td>
<td>4/1/2012-6/30/2011</td>
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In-depth reviews: (Orange/Osceola & Seminole) completed quarterly by the CBCCFL QA Unit in partnership with CMA QA Staff (as available).

Adoption Specialized reviews: (Orange/Osceola & Seminole) Adoption Audit Monthly, End-Process Review on all finalized adoptions; Annual Random Sample for Complete QA review on cases with an adoption goal.

Care Program: (Seminole) Review completed annually.

Family Connections: (Seminole) 80/20 sample stratified by home agency of Family Advocate completed 2x per year, December, June).

In-Home Non-Judicial Services: (Orange/Osceola & Seminole) 80/20 sample stratified by case management agency completed 2X per year (November, May).

Specialized Reviews: (Orange/Osceola & Seminole) as requested by the Department to occur 2x per year; and as need determined by CBCCFL.

Independent Living Specialized review: (Orange/Osceola & Seminole) semi-annual (first six months will target under 18, second six months reviews over 18 population).

Psychotropic Reviews: (Orange/Osceola & Seminole): Case Management Supervisors will review the Active Medication list weekly to ensure the information pertaining to children on Psychotropic medication is entered correctly into FSFN and the appropriate treatment plans and parental consent or court order was obtained. CBCCFL will review automated ARGOS reports and information in LOC/FST to verify that case managers are following the requirements of Florida Administrative Code. If a case management agency or specific unit is determined not to following Administrative Code then that agency or unit will be put on a performance improvement plan until they demonstrate consistent improvement in performance.

System Review of the Quality of Integration of Key Processes: Family Finding & Family Team Conferencing (Orange/Osceola)

Specialized Supervisory Review: (Seminole) Annual. CBCCFL will conduct a specialized review annually to review the quality of supervision occurring. The case management agency will develop a training plan for each supervisor consistent with the review findings. The specialized supervisory review will evaluate the quality of supervision and ensure that qualitative supervision continues to occur at a minimum of quarterly. The CMA PD will complete a QA
review of (3) supervision per supervisor/per quarter and forward to CBCCFL County QAM. The CBCCFL will provide feedback as relevant.

Council of Accreditation Site Visit: (Seminole) the site visit occurred during the week of 11/14/2010; and CBCCFL received notice of accreditation in February 2011.

Information from CBCCFL QA Reviews (QSR, Tool Reviews, Stakeholder Interviews and Foster Parent Phone Survey) is shared with staff, CBCCFL Board of Directors, and providers. Discussion includes:

- what was done well,
- what needs to be improved,
- establishing an appropriate target for next quarter,
- and; how can we get there.

Performance Measures will be identified to ensure that progress is being made on areas identified as needing improvement with progress reported back to staff and providers that are involved.

During the past year the (Seminole County) base review findings have been consistent with three primary areas needing improvement: comprehensive assessments not being completed, qualitative supervisor reviews that provided direction and ensured follow up were not being completed thoroughly and families were not being effectively engaged. The three areas needing improvement are included in the Program Improvement Plan.

Quality Assurance Review Report Format: Within 20 days of the end of the fiscal year the CBCCFL QTD will prepare a comprehensive QA review report for Orange, Osceola and Seminole Counties. The review report will include findings from the QSR reviews. The CBCCFL CEO will approve the report and forward to the Department’s Contract Managers.

The report will identify sample methodology, period under review and performance in each domain of the review instrument, systemic issues for consideration, best practice suggestions, and opportunities for improvement. Additional information regarding results of surveys administered will be provided.

A full comprehensive QA report, “CBCCFL A Year in Review” will be completed by the Q/T Director and will include each functional area. This report will provide a comprehensive view of the status of CBCCFL is at in meeting quality outcome measures across the board and provide a basis for prioritizing QA activities for the next fiscal year.

Contract Performance Review

CBCCFL contracts are assessed annually for various risk factors to determine the risk level and establish a basis for the frequency of monitoring. Depending on the risk factor analysis contracts are monitored annually, bi-annually or every three years. Contract monitoring occurs as set forth in the “CBCCFL subcontracting monitoring guidelines as approved by Department. The CBCCFL Network Support Director develops an annual contract monitoring schedule for each provider contracted through CBCCFL. The monitoring schedule is established sixty (60)
days prior to the beginning of the fiscal year, or within the first sixty (60) days of a contract start date. The review team includes the CBCCFL Network Support Director and Chief Finance Officer or designee, and may include any additional CBCCFL staff or network provider staff that CBCCFL determines is necessary to execute an effective review. Both administrative and programmatic components are reviewed during the scheduled review using the review tools provided in the operating procedure. The Chief Finance Officer has the primary responsibility of the administrative component and the CBCCFL Network Support Director has the primary responsibility of the programmatic component.

The comprehensive review includes but is not be limited to an onsite review of records, interviews and direct observations by the review team that involves:

- Client Satisfaction Surveys (administration and outcomes)
- Treatment and Activity Records (services authorized were delivered, clients were eligible for services)
- Interviews of the provider agency staff, board, clients and families/guardians
- Payroll Records (tax returns and payroll register for administration and program personnel)
- Organizational Charts
- Invoices and Supporting Documentation
- Verification of Required License
- Observations of contractual terms and conditions
- Audit Reports or detailed review of the provider's accounting system
- Interim financial statements
- Compliance with previous year's findings and recommendations found in the previous year's administrative contract monitoring report
- Correction or clearance of all identified deficiencies identified in the previous year's administrative contract monitoring report
- Current operating budget and expenditure report
- Records and minutes of board and finance committee meetings
- Roster of all provider employees (by position, title and department)
- Record of tax exempt status
- Evidence of compliance with sponsorship and publicity requirements and lobbying restrictions
- Consistency in rate application documented on contract, provider invoice, and payment
- Match requirements were met when applicable
- Compliance with federal requirements
- Subcontracts
- Compliance with record retention rules
- Compliance with Civil Rights
- Accreditation reports with findings and recommendations if applicable
- Other annual monitoring and audits as deemed applicable with findings and recommendations

Formalized contract monitoring is an annual event, however provider evaluation is a perpetual process reviewed by CBCCFL through monthly utilization tracking (payment and units of services consumed), provider reports and program performance data reports and less formally
in LOC, Placement Stabilization, and FST staffings. CBCCFL will review performance data monthly and share this information with the CBCCFL providers and the CBCCFL Stakeholder Groups. Information gathered monthly will be used by the CBCCFL Network Support Director/and or Director of Utilization to produce a quarterly Provider Performance Report. The Provider Performance Report will detail performance on the outcome indicators that the provider has agreed to achieve in their contract with CBCCFL. If there are deficiencies a Performance Improvement Plan will be developed and progress on the plan will be tracked monthly and discussed with the provider. This will allow the provider an opportunity to demonstrate efforts at improvement.

At a minimum the contract manager will schedule quarterly provider meetings to provide a venue for announcements, updates, and discussion of provider successes and concerns. Unless otherwise scheduled individually by a provider an agenda will be structured to explore issues related to network performance and to identify and problem-solve any barriers to quality care or services. The ongoing opportunity to share strategies and address challenges will build a more cohesive provider network and lead to innovative new practices. In addition, the CBCCFL Board will also receive updates quarterly as to the performance of contracts that have been monitored.

**Licensing (Child Placing Agency)**

As of September 2009 CBCCFL (Seminole) has assumed primary licensing review and approval. All initial and re-licensure licensing packets for foster care homes and/or child specific placement homes submitted by area child placing agencies are submitted to the CBCCFL Licensing Manager for final approval. Upon final approval the CBCCFL Licensing Manager submits an attestation packet consisting of:

- Licensing Application
- CBCCFL Cover Letter
- Notarized Attestation
- CPA request to License
- Standard Licensing Checklist

This attest the packet is complete and complies with F.A.C. 65C-13 and 65C-15. The attestation is submitted along with the Licensing Standards Checklist for 24 Hour Family Care to DCF Licensing Office. The DCF Licensing Office then issues the foster home or child specific license.

The DCF Licensing Office conducted quarterly quality assurance reviews during the first year after transition of the licensing approval function. After the first year, quality assurance reviews will be conducted every six (6) months. The Department’s Licensing Office will inform CBCCFL of any findings from the review specific to a Seminole foster home or performance by a specific child placing agency. CBCCFL shares this information with all CPA’s for improvement and continued quality performance.

In Orange/Osceola the CBCCFL will review all initials prior to submission to the Department to ensure compliance. The Department will continue to be the final reviewer and approval of all initial licensing packets submitted by the CPA and CBCCFL will have the authority to review and approve re-licensures. The Department’s Licensing Administrator has agreed to consider
giving CBCCFL the authority to approve initial licensure packets within six months of the Orange/Osceola transition to CBCCFLCF.

The Child Protective Investigator notifies the Child Placing Agency, Licensing Authority (ACHA, DCF, APD), primary case manager of children involved in report, Intake and Placement Unit Supervisor, CBCCFL County Director and CBCCFL Licensing Manager of all institutional reports received involving a facility (residential group care) or foster home located in Orange, Osceola or Seminole County. In Seminole County the SCSO CPS Trainer schedules staffings on all institutional reports received and the Institutional staffings are held each Monday at 10:30am at the CBCCFL Service Center. Intake and Placement sends the schedule to the CPA’s, CBCCFL Staff, Dependency Case Manager, Case Management Agency Program Director, GAL, ACHA, SAMH Program Office, and the Florida Coalition for Children. In Orange/Osceola the CPI Supervisor assigned to the Institutional Unit schedules the staffings which are held every other Tuesday at Hurston North Tower. The DCF Supervisor sends the notification to CBCCFL and other parties, and CBCCFL makes additional notifications to the Case Management Agency staff. The CPA and CBCCFL Network Director who attend the staffings are responsible for ensuring follow-up to any licensing corrective actions that are determined necessary.

The Florida Abuse Hotline accepts foster care referrals for any call regarding a foster child that is received, when the nature of the call does not otherwise warrant an abuse/neglect report. When the “foster care referral” is received through the hotline the hotline notifies Child Protective Services. The Child Protective Investigation Supervisor will review the “foster care referral” and make a decision to either respond to the referral or to close the referral with a notification to the CBCCFL Licensing Manager or Department of Children and Families Licensing Unit (the later is contacted for Department licensed group home. When the “foster care referral” is received by the CBCCFL Licensing Manager the CBCCFL Licensing Manager assigns the follow up to the child placing agency, and may elect to respond with the child placing agency. All outcome information is sent to the CBCCFL Licensing Manager for review and appropriate action.

The CPA contract with CBCCFL requires that the CPA notify CBCCFL through incident reporting any foster home referral, abuse report, complaint on a foster home that is received or otherwise known. The CPA is also required to notify CBCCFL of any corrective action they implement with a foster home or any revocation request or license surrender they request or recommend to the Central Region Licensing Office.

Exit interviews with children that leave shelter/foster care are conducted in a manner consistent with CFOP 175-61. Children ages 5-18 are interviewed by their assigned Dependency Case Manager each time they leave the care of a licensed foster home or group home where they have been placed for thirty days, regardless of the reason for removal. A runaway recovery interview form is completed on all runaways. The movement of children from a foster home to another placement setting (to include other system exits) is tracked daily by the Intake and Placement Unit; and extracted weekly from ARGOS (Modified Placements) and is forwarded to the Guardian ad Litem Program. The information is also formatted into a monthly report of placement activity and specifically identifies if the movement requires an exit interview to be conducted. The completed exit interview forms are
reviewed by the Dependency Case Management Supervisor and forwarded to the CBCCFL Licensing Manager through the (CMA PD). The CMA PD reconciles the monthly report against the exit interview forms they have forwarded to the CBCCFL Licensing Manager to ensure that all required interviews have occurred. The CBCCFL Licensing Manager reviews the information (files a copy in the CBCCFL foster home file by foster home provider) and forwards a copy to the Child Placing Agency who provides the regulatory function. The CBCCFL Licensing Manager, County Director and Network Support Director discuss any concerns identified regarding a foster home with the CPA and any pattern of concerns regarding the homes licensed by CPA’s are discussed in the Performance Management Team meeting that the Licensing Director has monthly with the Child Placing Agencies.

The DCM is required to complete a “Notice of Concern” regarding the care of the child, condition of the home, or any circumstance/situation that they have been advised of or have personally observed as it relates to the foster parent(s). The “Notice of Concern” is to be electronically forwarded to the CBCCFL Licensing Manager in the county of residence of the foster home. The Licensing Manager will review the concern, and take appropriate action if warranted based on the concern identified, and then forward the “Notice of Concern” to the CPA. Completion of the “Notice of Concern” does not resolve, nor does it delay, the DCM’s responsibility to report suspected child abuse, neglect or abandonment to the Florida Abuse Hotline. CBCCFL may schedule a placement stabilization staffing through the I&P unit as a vehicle for immediately gathering information regarding a concern that has been brought to the attention of CBCCFL. Children should be in safe, nurturing environments where they will thrive while in an out-of-home care setting. If a child is “uncomfortable” in a foster home or where the foster parent is otherwise unable to meet the needs of the child, a more suitable home or placement setting will be arranged. The needs of the child are paramount in consideration as to the placement setting.

The Intake and Placement Units, contracted by CBCCFL (operated by Children’s Home Society in Seminole County; and by Intervention Services in Orange/Osceola), are responsible for ensuring that the placement of children does not exceed the licensed capacity of the foster home. The capacity of the home is established by the CPA requesting the foster home license and determined by the capability of the foster parent to provide care for the recommended number of children based on an evaluation of: their history as a foster home, the supports they have available, the physical environment of the home and adherence to sleeping requirements specific to the age and sex of the child. Exceptions to licensed capacity will be considered for placement of additional children in situations where: another sibling of child is placed in the home, to accommodate a large sibling group, or in situations where the child has previously been placed in the home has flourished and has re-entered care. The Intake and Placement Unit must request and receive the approval of the CBCCFL Licensing Manager and the Child Placing Agency licensing staff that provides the regulatory function for the home before authorizing the placement of a child that will result in the home being over licensed capacity. All homes that are over licensed capacity will be reviewed monthly for the duration of the time that the home is over capacity and require an evaluation as to the added supports that will be needed to ensure the stability of the placement.
Each Child Placing Agency is required contractually to submit an annual retention plan to the CBCCFL Licensing Director. The CBCCFL Licensing Director reviews the annual plan and provides feedback as necessary. The needs of CBCCFL (re: preferences and types of homes) are addressed in the monthly meeting with the CPA.

**Quarterly CBCCFL County Risk Management Meeting**

This quarterly meeting provides the opportunity to communicate/share/analyze information at the county level across functional areas. The areas of focus identified by CBCCFL are areas that are correlated the closest to CBCCFL’s client related risk, and to determine if the information is linked to a practice, particular staff person/agency/county, or functional area; isolated or trending; and if it is connected or interrelated to other risk indicators. The County Director/ Licensing Director is then responsible for reporting this information at the CBCCFL Management Meeting and County Level Staff Meeting quarterly. The QAM (chair) will provide minute meetings and a quarterly analysis report to the COA Accreditation Manager and the Quality and Training Director who will analyze similarities and differences in County analyses and report comprehensive information in the CBCCFL Management Meeting. It is recommended that the meeting occur as a “committee” meeting prior to the CBCCFL County Staff Meeting.

**Current Focus Areas:**

**Placement Disruptions:** The QAM will track placement disruptions (completing the QA tool specific to children that are disrupting placements) to determine and isolate the factors and trends in the data/information. CBCCFL has implemented numerous strategies (QPI, PRIDE, Training – The Effects of Multiple Placements, Placement Stabilization Staffings) for the purpose of reducing disruptions that also disrupt a child’s relationships (connections to friends/family/therapeutic support) and educational setting. A critical analysis of the information should provide a foundation for identifying further system improvements that can be implemented. Placement stabilization has historically been an area in need of improvement, with the Department placed on a statewide program improvement plan. A contract performance requirement measures the percentage of children in out-of-home care that experience no more than two placement settings within 12 months. (CBCCFL QTD will report in CBCCFL Management Meeting).

**Failed Reunifications:** The QAM will track failed reunifications (children that are reunified with their parent and are returned to OHC in less than 6 months from the reunification date. A specific QA tool will be developed by the Q&TD, which can be utilized to evaluate the factors that may have impacted the stability of the family. Orange and Osceola County Directors and QAMS have identified this as an area in need of improvement. Evaluating this will identify the factors that are impacting performance in this area, and lead to targeted strategies for improvement. The Department includes “the percentage of children reunified who re-enter care within 6 months shall not exceed ___%” as a contract performance measurement. (CBCCFL QTD will report in the CBCCFL Management Meeting).

**Exit Interviews:** The County Licensing Manager (LM) will present information reported by children (ages 5-18) exiting a licensed placement after a length of stay that equals or exceeds 30 days. The focus is on the quality of care the child reports. An evaluation of trends to a particular home or CPA will be presented. (CBCCFL Licensing Director will report in the CBCCFL Management Meeting).

**Institutional Staffings**

The County Licensing Manager will attend institutional staffings. Information/outcomes will be tracked and analyzed for pattern/trends as to quality of care issues. The analyses will be discussed and information provided to the CBCCFL Licensing Director and copied to the CBCCFL COA Accreditation Manager and Quality and Training Director. The CBCCFL Licensing Director will provide both comprehensive and county level information at the CBCCFL Management Meeting.
**Client Complaints**
The County Director, or designee, will track and process client complaints to ensure an effective and appropriate resolution. The information derived from the complaint investigation will be analyzed for trends and patterns. The County Director, or designee, will provide a copy of the data and analysis to the COA Accreditation Manager and present the information to the CBCCFL Management Team.

**Incident Reports**
Critical incidents, as defined by the Department are entered in IRAS by the QAM. The County QAM will track and report information and trends. A copy of the data and analysis will be provided to the CBCCFL COA Accreditation Manager and Quality and Training Director. The CBCCFL Quality and Training Director will report county and comprehensive information in the CBCCFL Management Team Meeting.

**High Risk Staffing QA Reports**
At the request of the CBCCFL Quality and Training Director the County QAM will conduct a comprehensive quality assurance review. Reviews that meet the high risk staffing review include any child that received a serious injury (resulting in an abuse report) while open to diversion or dependency case management services. This County QAM will screen Incident Reports to determine the cases that fall into this category and consult with the CBCCFL Quality and Training Director. During the County Risk Management Meeting the County QAM will provide information on the findings of the report, and discuss trends identified. The QAM will provide the analyses to the County Quality Training Director who will present both the County and comprehensive analyses during the CBCCFL Management Team Meeting.

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**Quality Management Team and Peer Reviewer Qualifications**

The Quality/Training Director has the primary operational responsibility for the Quality Management Plan. At a minimum the Quality/Training Director will have five to seven years of recent experience working in the management of family safety program areas of protective services, foster care or adoption. Supervisory experience, child protection certification, quality assurance experience and graduate degrees in social work are preferred qualifications. The Quality/Training Director is certified as a Florida Department of Children and Families Quality Assurance Reviewer.
CBCCFL employs a staff person, Quality - Accreditation Manager, who is assigned primary responsibility of managing the agency’s COA compliance requirements and ensuring that COA Accreditation is achieved and standards are maintained continuously. This position is also responsible for regulating & updating agency policies & documenting any necessary agency changes. The Quality Accreditation Manager reports to the Quality/Training Director.

County Quality Assurance Managers (CQAM): CBCCFL assigns two Quality Assurance Managers to CBCCFL Orange County Operations, and one County Quality Assurance Manager in both Seminole and Osceola Counties. The CQAM has the primary responsibility of implementing the QM Plan and ensuring the agency objectives are met in their county of assignment. The CQAM is required to have a minimum of 3 years of relevant work experience in child welfare; and preferably have worked as a child welfare supervisor, possess a graduate degree in the social services field, and certification as a Child Welfare Professional and as a Quality Assurance Reviewer.

Qualification of peer reviewers will be determined by the CQAM in consideration of the type of review being conducted. In order to participate in base reviews the reviewer must attend one of the Department’s approved quality assurance trainings; only CBCCFL CQAM and Q/T Director may lead an in-depth QSR. For all other specialized reviews, the experience and qualification of the peer reviewers will be established by the CBCCFL CQAM in consideration of the purpose and parameter of the review. All reviewers will be trained on all instruments used in the review and all final review products will be reviewed by the CQAM or Q/T Director, this will control for data integrity and produce a higher inter rater reliability.

**CBCCFL Performance and Management Team Meeting**

Every month, the CBCCFL Leadership Team and CMA Program Directors will review the operational and financial performance of the system of care, (Monthly Data Report/CREST Reports). This review will also look at the performance of the CBCCFL contracted providers. The purpose of this review is to identify operational, financial or provider performance that needs to be adjusted to meet system outcomes.

**Quality Teams:** A team of four core operations staff and the CBCCFL County System of Care Trainer/or County Quality Assurance Manager will convene at a minimum bi-monthly. The primary purpose of the Quality Team is twofold. First, the Quality Teams are the ongoing vehicle for identifying and addressing barriers to quality of practice at the operations level. At each bi-monthly meeting, time will be set aside for county discussion of county level issues that need attention - which could range from issues around provider wait lists to issues related to internal communication or potentially serious risk management concerns. The goal is to problem solve, make recommendations for change, and forward those recommendations to appropriate CBCCFL staff for action.

The Quality Team may be asked to review performance indicators that need attention, or further evaluation. When this request is made, the information (indicator, baseline performance data and interim target) will be presented to the team by the CBCCFL System of Care Trainer (with input from the CBCCFL Performance and Management Team). The CBCCFL County System of Care Trainers, County Quality Assurance Managers, and County Operations
Support Staff will provide a consulting role to the Team. The Quality Team will have the responsibility of conducting a further analysis, identifying potential root causes and testing their hypothesis. Once the team has identified two of the most significant barriers to achievement of the goal they will develop a course of action. The actions will identify how the barriers can be resolved and outline action steps and persons responsible. Sometimes it will be more appropriate to pilot a new process before fully implementing. The Quality Team will have the responsibility of presenting their action plan to the CMA Program Directors and getting approval to implement (the CMA Program Directors may request that the Quality Team representatives present this during the monthly CMA/CBCCFL Performance Management Team Meeting). The Quality Team will elect a person to track the process and performance and may present their findings and resulting improved outcomes at the CBCCFL Performance and Management Team Meeting.

Secondly, the Quality Teams will serve as a vehicle for the ongoing review of information related to incident reports, accidents, outcomes/performance measures and safety and risk management issues to identify areas needing improvement and areas of strength. The Quality Team is tasked with identifying recommendations for improvements when deficits are noted. For example, information from the data might indicate an upward trend in the number of clients that are complaining about unreturned phone calls. The team would review the data to determine if the complaint was specific to a counselor or unit or dispersed throughout the service center. Depending on their findings the Team would develop an action plan to address the problem. Part of their strategy might be to further analyze the problem and include technology recommendations. After implementation of a strategy the data would continue to be evaluated to determine what impact the action had on the indicator.

The Quality Team lead will submit a report to the CQAM which details their meeting minutes and activities that have occurred since the last meeting.

C. Stakeholders

Stakeholder investment in quality assurance initiatives is the most effective way of ensuring that the quality assurance process moves from being one focused on compliance based activities to one that impacts positively the quality of services provided to the children and families we serve. CBCCFL relies on information gathered from surveying both internal and external stakeholders to determine how well the system of care is functioning. After this information is gathered and analyzed the information is then presented to CBCCFL, the Board and stakeholders to evaluate if a change in policy or practice needs to occur or if a new type of service delivery may need to be developed. CBCCFL representatives attend the Community Alliance and Children Cabinet meetings, this allows the community to establish priorities regarding the needs of the children at large and creates opportunities to collaborate on strategies or in resource acquisition and or pooling. CBCCFL arranges specialized meetings to address any stakeholder concerns/trends and involves the stakeholder in developing a solution whenever possible.

CBCCFL Stakeholders include but are not limited to the following:

- The children and families served by CBCCFL
- CBCCFL Network/Contracted providers
- CBCCFL personnel
- CBCCFL Board of Directors
- Youth Advisory Board
- The Judiciary
- Guardian Ad Litem Program
- Seminole County Sheriff’s Office Child Protective Services
- Kids House/Child Protection Team
- Community Alliance/Seminole Children’s Cabinet
- The Florida Department of Children and Families
- Foster and Adoptive Parents
- Relative Caregivers

**Stakeholder Interviews:** The current review instrument for stakeholder interviews is comprised of ten items. Each of the items is designed to elicit the interviewee’s opinions on statements regarding the service delivery system. Stakeholder surveys are conducted annually and the results are incorporated into the annual reports. The results and feedback received from the stakeholder surveys are made available to the CBCCFL Board of Directors and stakeholder groups at least annually.

**Foster Parent Surveys:** The review instrument for licensed caregiver/foster parent surveys is comprised of ten questions. The questions are designed to measure foster parent’s opinions concerning the effectiveness and responsiveness of the service system in working with them and their foster children. Foster parent’s surveys are conducted annually and the results are included in the annual reports and made available to the CBCCFL Board of Directors and stakeholder groups annually.

**Satisfaction Surveys**

Satisfaction with service provision is routinely assessed by CBCCFL and its providers. Satisfaction with provider service is part of the providers own QA/QI plan, is a requirement of their contract with CBCCFL, and is also assessed during the quarterly QA review process. In addition, CBCCFL and or the case management agency’s conduct an annual satisfaction survey that includes the use of five survey instruments targeted specifically to:

- Parents/Children (sampled from a universe of all open children and their parents as of a given date)
- Adoptive Parents (sampled from a universe of all adoptions finalized within the year, or since CBCCFL service transition date)
- Foster Parents (sampled from a universe of all open foster parent providers in Seminole County that have Seminole children in their homes as of a specific date)
- Providers: (sampled from a universe of all providers registered as a network provider of CBCCFL)
- Stakeholders: (sampled from a universe of Guardians ad Litem, Judges, Department of Children and Families and Regional Quality Assurance Team)
The instruments are designed to solicit information from the identified groups surrounding their satisfaction with CBCCFL (and the case management services provided by the CMA). CBCCFL will identify a statistically valid sample size from the universe identified above. For the children and parents sample the cases would be required to be open cases and include a range of clients who were recently staffed for ESI services, to those pending closure from services but still open on an “as of date”, (tentatively identified as August 31). This selection method provides information regarding a client’s satisfaction with services through all phases of service delivery from case initiation to case closure.

Information from all client satisfaction surveys (conducted by CBCCFL, CMA’s, or contracted providers) are maintained and data is produced and action items are added to the Program Improvement Plan as needed. All satisfaction surveys are forwarded to the CQAM in each county for tracking purposes and reviewing the feedback provided in surveys; as well as summarized in the annual reports. The CBCCFL Management Team use reports generated from the data base in their review of the overall quality in meeting the needs of children and other stakeholders. This information is reported in the Annual Report and the QA “A Year in Review” report.

II. Measures and Outcomes

CBCCFL established measures based on the agency’s long term and short term goals. CBCCFL outcomes are determined by data presented in contracted performance measures, CBCCFL strategic/programmatic measures, and aggregated data from stakeholder surveys. CBCCFL conducted a comprehensive analysis of measures listed above in developing and assessing the strategic plan.

A. Long Term Strategic Goals and Objectives

History: During the time period of January 2007 through March 2007, a series of meetings were held between CBCCFL and case management agency partners. Discussions at were centered on the culture of the dependency system, vision for improvement, and a list of items/drivers that needed to be addressed were identified that impacted the culture. Change requires a commitment to making systemic changes at all levels, and must be embraced and driven by the Board and senior management both within CBCCFL and the CMA’s and stakeholders. A plan of action was developed in which the CBCCFL Board of Directors embraced the initial strategic priority for the agency. A subsequent Board retreat was held on May 12, 2010 in which the Board assessed the previous plan and developed a more comprehensive strategic plan with goals that could be measured and data could be collected to determine successfulness in achieving the goals set forth in the plan.

CBCCFL developed objectives to monitor the strategic plan and has determined how CBCCFL will measure improvement. The CBCCFL Board of Directors meets monthly. CBCCFL provides the Board of Directors a quarterly report on the performance for the designated objectives. The Board also receives a monthly data report (Appendix A), quarterly reports of contract performance, and the performance of contracts monitored by CBCCFL, as well as financial and audit reports. The CBCCFL Management Team reports on the measures quarterly at the Management Team monthly meeting in which the CEO in turn reports to the Board. Please refer to the CBCCFL Strategic plan (Appendix B) for goals, objectives, and measurements.
B. Management/Operational Performance

CBCCFL Management Team, CBCCFL Board of Directors and the Finance Committee review the financial statements, financial projections and the Monthly Data Report to identify the operation trends, the client population and the impact the trends have on the financial health of the organization. The major operational indicators that identify the fiscal and operational health of the organization are: 1) Out of Home Care Daily Costs 2) Length of Time to Permanency and 3) Number of Children in Care over 12 Months. Each of the aforementioned indicators have a significant impact on the variable costs of the organization (Out of Home Care, Diagnostic & Evaluation Services and Client Assistance Funds) and provide information to management regarding performance specific to the plan operationally. Adjustments can then be made to the provider network to increase/decrease resources allocated to programs, solicit additional providers to meet special needs of the population or reduce fixed price contracts to allow more funding availability for the variable costs.

CBCCFL strives to maintain a knowledgeable, stable, and satisfied workforce. Each CBCCFL Director has the responsibility of reviewing workload and functions in their functional area and prioritizing workload or reassigning workloads as needed. In many of the CBCCFL functional areas co-workers are cross trained or have operational manuals to ensure continuity of service in the absence of an employee. CBCCFL maintains an employee suggestion box on the employee G drive for comments, concerns, and suggestions for change. The stability of the workforce is reviewed on a monthly basis by the management of CBCCFL and the Board of Directors. This is monitored through a year to date percentage of case carrying staff turnover. These items are listed on the monthly data report that is presented to the Board of Directors which includes executive management of community stakeholders and providers.

C. Program Results/ Service Delivery requirements

CBCCFL uses a variety of reporting mechanisms to ensure successful programmatic results. CBCCFL program results focus on the safety, permanency, and well being of the children and families we serve. In order to have positive outcomes for the children and families we serve CBCCFL focuses on the accessibility, timeliness and continuity of service while maintaining the focus on the child’s safety at all times.

**Client and Grievance Procedures**

CBCCFL desires to create an environment that encourages any person, client, community partner or stakeholder to communicate freely with CBCCFL. The communication may take the form of an inquiry (information or clarification is needed about a service, provider contract, eligibility, or case manager assignment etc), concern (caller is providing information about a potential issue that does not directly relate to a particular staff person or provider) or a complaint (dissatisfaction with the service provision, case management staff or provider, or child welfare system). CBCCFL will advise all clients and providers (Client Handbook/Information Guide and Provider Handbook/Information guide) of the process for filing a complaint. The handbook is provided at the initial contact with the family for all clients receiving on-going case management services, and is provided to the provider during contract negotiation.
Resolution Process (related to client services)

Steps to follow:

Step 1: First try to resolve the issue with the individual involved (Case Manager or Supervisor). Sometimes problems can be easily resolved at the source.

Step 2: If your issue is still not resolved, contact the Case Management Agency Program Director (person who has direct authority over the case management agency supervisor).

Step 3: If your issue is still not resolved, call the CBCCFLS Office at 407-333-8256 and identify the nature of your call as: service complaint. Brief screening information will be requested and then forwarded to the County Director for handling. The CBCCFL County Director will return your call as soon as possible (no later than the end of the next business day) to obtain additional information and to address issues that can be readily resolved.

Step 4: The CBCCFL County Director or other designated staff will research the situation, interview or contact persons involved, review case file as applicable, and research policy and procedures for purposes of preparing an informed response to the complaint.

Step 5: You will receive a telephone call followed by a written response (where appropriate) to the issue within 30 days. The information discussed will provide you with information about what steps were taken and details of the solution.

Step 6: If you are not satisfied with the resolution of your complaint this must be addressed with the CBCCFL County Director. After discussion, if you are still unsatisfied, you may request an internal review by the CBCCFL Chief Executive Officer.

CBCCFL Client Grievance Procedures:

The CBCCFL Corporate and Administrative Assistants to the County Directors maintain a tracking system of all client calls that are received that are designated by the caller as a service complaint. All calls received are given a tracking number at intake. If the complaint lodged is against a contract provider (other than the CMA) the complaint will be forwarded to the CBCCFL Network Support Director for resolution. If the complaint is regarding a CMA staff, the complaint will be forwarded to the CBCCFL County Director for resolution. The resolution of complaints will be recorded and the nature of the complaint and resolution presented at the monthly CBCCFL /CMA PD Meeting as relevant. CBCCFL will conduct a quarterly analysis of client complaints/grievances to review for trends or themes, and develop appropriate actions to address when indicated.

CBCCFL has implemented many performance measures and other review processes to ensure the safety of children receiving services by CBCCFL. The evaluation of safety includes but is not limited to the following:

- Analysis of re-abuse during services when an increase is reported
- Case reviews focusing on children remaining in their home or placement safely
- High Risk Protocol
- Increased supervision from quarterly to monthly to address the safety, permanency and well being of the child
- Multi Disciplinary Teams meet monthly on high risk cases in the CBCCFL service area and include community children. MDT participation includes representation from key stakeholder such as: Kids House, State Attorney’s Office, Law Enforcement, Guardian Ad Litem, and Children’s Legal Services.
The continuity of care is essential in achieving objectives set forth in the strategic plan. The CBCCFL County Licensing Manager reviews all exit interviews completed when a child moves from a licensed placement. Exit interviews evaluate if the needs of the child were met. Exit interviews are recorded on a tracking log and trends/themes are reported at the CBCCFL Performance and Management Team Meeting and the Network/Provider Quarterly Meeting. Institutional Staffings are attended by a CBCCFL representative and are scheduled when any Seminole County placement provider contracted by CBCCFL has had an abuse report or foster care referral generated. At the Institutional Staffing concerns are addressed and action plans are developed and monitored by CBCCFL as needed. CBCCFL also facilitates Placement Stabilization Staffings. Placement stability correlates directly with the continuity of care children receive, if CBCCFL can not maintain children in a stable placement then services can not be implemented effectively. CBCCFL attends the staffings to insure that immediate decisions/service connections are authorized to stabilize the placement. CBCCFL is developing a reporting mechanism to help identify placement trends, strengths, and gap analysis to increase placement stability.

CBCCFL assigns the Director of Utilization the responsibility of authorizing funding, troubleshooting service barriers, and ensuring quality provider progress notes are reviewed. The CBCCFL Utilization Department monitors the timeliness of the Comprehensive Behavioral Health Assessment of children, reviewing for quality of information and validity of recommendations to include a summary of Child and Adolescent Needs and Strengths Assessment Tool. The CBCCFL Utilization Department approves funding requests, and when the provider submits the bill for payment the provider attaches the progress note/evaluations which are then reviewed for quality. Service authorization is recorded in the CBCCFL Argos Data System.

Barriers to service continuity include: the timeliness of service implementation, provider turnover, coordination between multiple providers, and the providers understanding regarding the service needs of the family. CBCCFL continues to explore and develop monitoring tools and reports to address performance and deficiencies.

**III. PQI Operational Procedures**

A. Data Collection and Aggregation

CBCCFL uses a wide range of automated reports and data collection methods to identify systemic and programmatic trends, strengths, areas in need of improvement. Examples of CBCCFL data collection are listed below:

- Performance Measures
- CBCCFL Argos reports (include outcome, practice, and compliance reports)
- Case Record Reviews
- Risk Management Data
- Client Survey and Outcome Data
- Operations and Management Information and Data
Data is collected daily and automated reports are sent or otherwise provided to the CBCCFL Board, CBCCFL staff, and CBCCFL contracted network provide. Reports include the following types (Appendix C, report matrix and monthly data report):

- **Performance reports**: The focus of these reports is to address performance as it relates to the outcomes set forth in CBCCFL contract with the Florida Department of Children and Families. These reports are located on the DCF dashboard and are also reported monthly to the Board, CBCCFL, and the network (example of reports: child's length of stay, adoption finalizations, re-abuse during service provision, and the percent of children reunified within 12 months of removal).
- **Compliance reports**: These reports are sent as a tickler to the network providers in order to ensure compliance with program requirements. These reports are automated daily or weekly (examples of reports: exit interviews, new psychotropic medications entered, AFGAR errors, children needing to be seen, supervisory reviews).
- **Contract/Strategic Plan**: These reports were developed by CBCCFL to monitor progress with goals set forth in the strategic plan, to monitor practice implementation, and contract performance. The reports are provided monthly to the CBCCFL Board, CBCCFL Staff, and CBCCFL network. (Examples of these reports: number of caseworkers assigned to a case, percentage of cases mediated, supervisor attendance at shelter hearing, provider capacity)
- **Surveys**: CBCCFL distributes numerous surveys throughout the fiscal year (examples include: foster/adoptive parent, client, stakeholder, employee), this information is reviewed and outcomes are reported in Quality Assurance reports.

B. Data Review and Analysis

The CBCCFL Management Teams are responsible for reviewing and analyzing all data information available to them as it relates to program specifics. CBCCFL distributes weekly and monthly reports and identifies the source and report parameters.

Each CBCCFL functional area conducts individualized quality assurance activities and report outcomes to the CBCCFL Quality Accreditation Manager. This information is then complied for purposes of completing a comprehensive analysis of all information. CBCCFL takes a comprehensive approach in reviewing all data reports to identify trends or issues and to identify the needed changes. CBCCFL implements a “Plan Do Study Act” practice model to test implemented changes prior to implementing a policy change or practice change. CBCCFL uses data to document if the trend is a systemic, programmatic, or unit/employee specific issue.

C. Communicating results:

CBCCFL has various forums for communicating QA results. The first is automated reports that are distributed to CBCCFL, the CBCCFL Board, and network providers. Data results and program improvement strategies are also discussed at CBCCFL Management Team Meetings and CBCCFL Performance and Management Team Meeting, and Network Meeting.
CBCCFL distributes and posts the annual Quality Assurance “A Year in Review” Report that evaluates progress of CBCCFL over the year.

Exit interviews are conducted for all QA reviews conducted, with a report distributed within 15 days of completion that addresses the performance outcomes and provides recommendations. Base reviews and side by side reviews are debriefed with the case management agency upon completion. The results are posted on the CBCCFL “G” drive for CBCCFL management access.

D. Implementing Change Through the Use of Data

Data is used to help identify issues, implement actions, and evaluate if the actions taken have been successful. CBCCFL works with Circuit/Region Department staff, CBCCFL Board, and the CBC CFL Network to ensure that the CBCCFL Program Improvement Plan is consistent with circuit/region, statewide priorities, the agency strategic plan and contract measures. Performance outcome measures set forth in the Program Improvement Plan are tracked and reported in the monthly CBCCFL/CMA Program Director Meeting. The Program Improvement Plan is updated quarterly after each base review or CBCCFL Quality Review is completed. Findings from the base reviews are incorporated into the Program Improvement Plan to track improvement from quarter to quarter. Each CBCCFL functional area submits quarterly reports to the CBCCFL Quality Accreditation Manager regarding their findings from quality assurance activities, and progress on the program/contract improvement plan.

E. Assessment of Effectiveness of PQI Process

CBCCFL prepares a comprehensive year end report which evaluates the progress CBCCFL has made in meeting the outcomes in the strategic plan and on meeting performance outcomes established in the CBCCFL/DCF contract. Quarterly CBCCFL reviews all PQI activities and the Program Improvement Plan to ensure progress is being made.